MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/590,55/
APPLICANT(S)
FILING DATE

CLAIMS

 													
			FILED	1-AMENDMENT					AFTER 2 MAMENDMENT				
<u></u>		IND.	DEF		IND	. [DEP		INI).	DEP.		
1 2	- -	+-		4		_	4.						
3	- -		 	- -		- -	<u> </u>	_		_			
4	┰		 	╁		+-	+	-					
5	1		 	╁		┿	1.	-		-			
6			 	1		十	' -	1		\dashv			
7					\overline{I}	\top		1		7			
8	1		1				ŀ						
9	- -		<u> </u>	_			1	1					
10 11	-	· · ·		- -	I_{-}	_	· .	1		_			
12		L	1	+		+	<u> </u>	1		4			
13	1		 	╁		+-	/-	╂		\dashv			
14	\top		/	十		╁	'	╂		+			
15			(1)	1		1	1	1		\dashv			
16			1	L	\overline{L}			1		+			
17	-	1		1				I					
18 19	╂—		2	-		1	<u> </u>	1		_			
20	╅			1-		╀	<u>/</u>	╀		4			
21	1-			╁╴		+-	<i></i>	╂		+			
22	1					+-		╁		+	[
23				1	-	1		t		+			
24								t		†			
25	1_			L				L		I			
26 27	╁			1		<u> </u>		L					
28	╁			╂-		┼-		Ł		1			
29	T			┢		-		Ͱ		╀			
30	1			1-		1		┢		十			
31								1		T			
32	!			L						T			
33	<u> </u>			 									
34 35	 —			<u> </u>		<u> </u>		_		L			
36	╁					<u> </u>		-		1			
37	\vdash			 - -		\vdash		┝		╀			
38	1	_		-		-		-	·	╁			
39			***************************************	_				\vdash		十			
40													
41	<u> </u>			_									
42 43	 							_		L			
· 44	 			<u> </u>				_		-			
45	 			-		<u>-</u>		_		-			
46	1			 				-		-			
47	 	_						_	·	╁╌			
48						. —		-		\vdash			
49								_		Г			
50													
OTAL IND.	2		#	4	4]	1	1				#		
OTAL DEP	11	<i>'</i>	(=	10	6	+				4	•		
TOTAL CLAIMS	20			2	0								
								_					

		AS FILED				TER		AFTER 2 MAMENDMENT			
		IND.	. DE	Р.	INI		DE	_	INI		DEP
51											
52	_	L									
53		· .	-	<u>. </u>							
54				_		_		\Box			
55 56	-1		_			_		_		\Box	
57								4		4	
58	-		+	-1		-1	~ _	4		4	
59	7			-1		\dashv		-		4	
60	7		 	-1		+		-		\dashv	
61			1	1		-+		-		+	
62				7		7		1		+	
63						7		1		+	
64	4			\Box				1		+	
65			 	┸						T	
66	4		-	_ _		\perp					
67 68			 			_		1		\perp	
69	╌┠╴		 			4		1		\perp	
70	+		 -			+		1		4	
71	+	<u> </u>	 			+		-		+	· ·
72	1		 	╁	-	╅		- -		+	
73				1		+		╂		╁	
74				1		十		╁		╁	
75	\perp					1		1		\top	
76	_ _							1		\top	
77	+		ļ	L		\perp				I	
78 79	╁		 	-		4		L		L	
80	╁			╂		╀		╀		1_	
81	╁			╂		╁		╀	٠	↓_	
82	╁			╂		╂		╂╌		╁	
83	\top			╆		╁		╆		╀	
84	\top			1		1		╁╴		╁╾	
85				1		十		1		┼	
86						\top		T		1	
87	_					Τ		Г			
88	\perp										
89	╀-			L							
90	╄			<u> </u>		L		L			
91 92	╀			<u> </u>		L		_	<u> </u>	_	
93	╁╾			₽-		▙		!		_	
94	╁			}		-		_		_	
95	╁╴			i–		╁╌		_		<u> </u>	
96	╁╌			-		╁╌		-			
97	1	 -		 		-		-			
98	T			ı		-		_			
99	Π					 		-			
100						\vdash		-			
OTAL IND.			1			,	₽			1	
OTAL DEP.	L		4			+				+	
TOTAL CLAIMS											
		U	S. DEPAR	TME	NT of CO	OMM	ERCE				ł